FACILITY NAME AND PERMIT NUMBER:
Western Virginia Water Authority Water Pollution Control Plant; VA0025020

Form Approved 1/14/99

OMB Number 2040-0086

FORM 2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

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SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions): or
   b. Contributes a process wastewater that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designed as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

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BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1 Facilty Information.

Facilty Name	**Western Virginia Water Authority Water Pollution Control Plant**
Mailing Address	**1502 Brownlee Avenue, S.E.**
	Roanoke, VA 24014
Contact Person	**Scott Shirley**
Title	**Director of Wastewater Operations**
Telephone Number	**(540) 853-1283**
Facilty Address	**Same as mailing address**
(not P.O. Box)	

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A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant Name	
Mailing Address	
Contact Person	
Title	
Telephone number	

Is the applicant the owner or operator (or both) of the treatment works?

X owner X operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

X facility _____ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	**VA0025020**	PSD	
UIC		Other	
RCRA		Other	

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
City of Roanoke	**92,600**	**Separate**	**Municipal**
Roanoke County	**90,420**	**Separate**	**Municipal**
City of Salem	**25,233**	**Separate**	**Municipal**
Botetourt County	**32,005**	**Separate**	**Municipal**
Town of Vinton	**7,905**	**Separate**	**Municipal**
Total population served	**248,163**		

The type of collection system reported for each jurisdiction has been supplied to the Western Virginia Water Authority WPCP for the purpose of completing this application; this information has not been field verified by personnel completing this application.

A.5. Indian Country

a. Is the treatment works located in Indian Country?

____ Yes __X__ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

____ Yes __X__ No

A.6 Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years Each year's data must be based on a 12-month time period with the 12th month of "this year" ocurring no more than three months prior to this application submittal.

a. Design flow rate **55** mgd

	Two Years Ago **(4/05-3/06)**	Last Year **(4/06-3/07)**	This Year **(4/07-3/08)**	
b. Annual average daily flow rate	**37.44**	**37.78**	**31.58**	mgd
c. Maximum daily flow rate	**60.39**	**77.49**	**85.28**	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each. **The WVWA has established a regular systematic effort to identify and eliminate any illicit storm system connections to the sanitary sewer.**

X	Separate sanitary sewer	**100** %
____	Combined storm and sanitary sewer	**0** %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to the waters of the U.S.? **X** Yes ____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i.	Discharges of treated effluent	**1**
ii.	Discharges of untreated or partially treated effluent	**1**
iii.	Combined sewer overflow points	**0**
iv.	Constructed emergency overflows (prior to the headworks)	**1**
v.	Other _____	**N/A**

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ____ Yes **X** No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge ____ continuous or ____ intermittent?

c. Does the treatment works land-apply treated wastewater? ____ Yes **X** No

If yes, provide the following for each land application site:

Location: _____

Annual average daily volume applied to site: _____ mgd

Is land application ____ continuous or ____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ____ Yes **X** No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by party other than the applicant, provide:

Transporter Name

Mailing Address

Contact Person

Title

Telephone Number

For each treatment works that receives this discharge, provide the following:

Name

Mailing Address

Contact Person

Title

Telephone Number

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes **X** No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method _____ continuous or _____ intermittent?

WASTEWATER DISCHARGES

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9 Description of Outfall.

a. Outfall number **001**

b. Location

Roanoke (City or town, if applicable)	**24014** (Zip Code)
Roanoke (County)	**Virginia** (State)
37° 15' 50" (Latitude)	**79° 54' 35"** (Longitude)

c. Distance from shore (if applicable) **NA** ft.

d. Depth below surface (if applicable) **NA** ft.

e. Average daily flow rate **35.6** mgd **(average from 4/05-3/08)**

f. Does this outfall have either an intermittent or periodic discharge? ____ Yes **X** No (go to A.9.g)

Number of times per year discharge occurs: ____

Average duration of each discharge: ____

Average flow per discharge: ____ mgd

Months in which discharge occurs: ____

g. Is outfall equipped with a diffuser? ____ Yes **X** No

A.10. Description of Receiving Waters

a. Name of receiving water **Roanoke River**

b. Name of watershed (if known) **Upper Roanoke Watershed**

United States Soil Conservation Service 14-digit watershed code (if known): ____

c. Name of State Management/River Basin (if known): ____

United States Geological Survey 8-digit hydrological cataloging unit code (if known): **3010101**

d. Critical low flow of receiving stream (if applicable):

acute **30.9** cfs (1Q10) chronic **35.6** cfs (7Q10)

e. Total hardness of receiving stream at critical low flow (if applicable): **Not Available** mg/l of $CaCO_3$

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A.11. Description of Treatment

a. What levels of treatment are provided? Check all that apply.

_____ Primary _____ Secondary

X Advanced _____ Other. Describe: _____

b. Indicate the following removal rates (as applicable)

Design BOD_5 removal or Design $CBOD_5$ removal	97	%
Design SS removal	97	%
Design P removal	96	%
Design N removal (TKN)	91	%
Other _____ **Removal rates estimated based on design influent strength and VPDES permit limits**		%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorination

If disinfection is by chlorination, is dechlorination used for this outfall? X Yes _____ No

d. Does the treatment plant have post aeration? X Yes _____ No

A.12.

Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: **001 (from 4/05-3/08)**

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.5	s.u.			
pH (Maximum)	7.7	s.u.			
Flow Rate	85.28	MGD	35.6	MGD	Continuous
Temerature (Winter)	16.3	°F	14.5	°F	15
Temerature (Summer)	22.7	°F	21.9	°F	5

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
		Conc.	Units	Conc.	Units	Number of Samples		
BIOCHEMICAL OXYGEN	BOD-5	18	mg/L	2.27	mg/L	1,096	EPA 405.1	2 mg/L
Demand (Report one)	CBOD-5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FECAL COLIFORM (E. coli)		7	MPN/100 mls	1.67	MPN/100 mls	432	SM 9221 C, E	2 MPN/100 mLs
TOTAL SUSPENDED SOLIDS (TSS)		60	mg/L	3.12	mg/L	1,096	EPA 160.2	1 mg/L

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Western Virginia Water Authority Water Pollution Control Plant; VA0025020

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WASTEWATER DISCHARGES

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a,** go to Part B. Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd.

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A.9 Description of Outfall.

a. Outfall number **003** **EQ Basin Overflow**

b. Location

Roanoke (City or town, if applicable)	**24014** (Zip Code)
Roanoke (County)	**Virginia** (State)
37° 15' 58" (Latitude)	**79° 54' 32"** (Longitude)

c. Distance from shore (if applicable) **NA** ft.

d. Depth below surface (if applicable) **NA** ft.

e. Average daily flow rate **0** mgd

f. Does this outfall have either an intermittent or periodic discharge? **X** Yes _____ No (go to A.9.g)

Number of times per year discharge occurs: **Emergency Bypass Only**

Average duration of each discharge: **Varies**

Average flow per discharge: **Varies** mgd

Months in which discharge occurs: **Varies: Dependent upon wet weather events**

g. Is outfall equipped with a diffuser? _____ Yes **X** No

A.10. Description of Receiving Waters

a. Name of receiving water **Roanoke River**

b. Name of watershed (if known) **Upper Roanoke Watershed**

United States Soil Conservation Service 14-digit wastershed code (if known): _____

c. Name of State Management/River Basin (if known): _____

United States Geological Survey 8-digit hydrological cataloging unit code (if known): **03010101**

d. Critical low flow of receiving stream (if applicable):

acute **30.9** cfs (1Q10) chronic **35.6** cfs (7Q10)

e. Total hardness of receiving stream at critical low flow (if applicable): **Not Available** mg/l of $CaCO_3$

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A.11. Description of Treatment

a. What levels of treatment are provided? Check all that apply.

_____ Primary _____ Secondary

_____ Advanced __X__ Other. Describe: **Sedimentation Tank Equivalent to Primary Treatment**

b. Indicate the following removal rates (as applicable)

Design BOD_5 removal or Design $CBOD_5$ removal	40	%
Design SS removal	25	%
Design P removal	0	%
Design N removal	0	%
Other _____		%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorination

If disinfection is by chlorination, is dechlorination used for this outfall? _____ Yes __X__ No

d. Does the treatment plant have post aeration? _____ Yes __X__ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 003

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	N/A	s.u.			
pH (Maximum)	N/A	s.u.			
Flow Rate	N/A	N/A	N/A	N/A	N/A
Temerature (Winter)	N/A	N/A	N/A	N/A	N/A
Temerature (Summer)	N/A	N/A	N/A	N/A	N/A

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
		Conc.	Units	Conc.	Units	Number of Samples		
BIOCHEMICAL OXYGEN	BOD-5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Demand (Report one)	CBOD-5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FECAL COLIFORM		N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL SUSPENDED SOLIDS (TSS)		N/A	N/A	N/A	N/A	N/A	N/A	N/A

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

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WASTEWATER DISCHARGES

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a,** go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9 Description of Outfall.

a. Outfall number **010** **Influent Pump Station Bypass**

b. Location

Roanoke (City or town, if applicable)	**24014** (Zip Code)
Roanoke (County)	**Virginia** (State)
37° 15' 56" (Latitude)	**79° 54' 56"** (Longitude)

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c. Distance from shore (if applicable) **NA** ft.

d. Depth below surface (if applicable) **NA** ft.

e. Average daily flow rate **0** mgd

f. Does this outfall have either an intermittent or periodic discharge? **X** Yes ____ No (go to A.9.g)

Number of times per year discharge occurs: **Emergency Bypass Only**

Average duration of each discharge: **Varies**

Average flow per discharge: **Varies** mgd

Months in which discharge occurs: **Varies: Dependent upon wet weather events**

g. Is outfall equipped with a diffuser? ____ Yes **X** No

A.10. Description of Receiving Waters

a. Name of receiving water **Roanoke River**

b. Name of watershed (if known) **Upper Roanoke Watershed**

United States Soil Conservation Service 14-digit wastershed code (if known): ____

c. Name of State Management/River Basin (if known): ____

United States Geological Survey 8-digit hydrological cataloging unit code (if known): **03010101**

d. Critical low flow of receiving stream (if applicable):

acute **30.9** cfs (1Q10) chronic **35.6** cfs (7Q10)

e. Total hardness of receiving stream at critical low flow (if applicable): **Not Available** mg/l of $CaCO_3$

A.11. Description of Treatment

a. What levels of treatment are provided? Check all that apply.

_____ Primary _____ Secondary

_____ Advanced _____ Other. Describe: **No treatment**

b. Indicate the following removal rates (as applicable)

Design BOD_5 removal or Design $CBOD_5$ removal	0 %
Design SS removal	0 %
Design P removal	0 %
Design N removal	0 %
Other _____	%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

None

If disinfection is by chlorination, is dechlorination used for this outfall? _____ Yes **X** No

d. Does the treatment plant have post aeration? _____ Yes **X** No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 010

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	N/A	s.u.			
pH (Maximum)	N/A	s.u.			
Flow Rate	N/A	N/A	N/A	N/A	N/A
Temerature (Winter)	N/A	N/A	N/A	N/A	N/A
Temerature (Summer)	N/A	N/A	N/A	N/A	N/A

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
		Conc.	Units	Conc.	Units	Number of Samples		
BIOCHEMICAL OXYGEN	BOD-5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Demand (Report one)	CBOD-5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FECAL COLIFORM		N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL SUSPENDED SOLIDS (TSS)		N/A	N/A	N/A	N/A	N/A	N/A	N/A

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B: ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

4,000,000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Consent order with DEQ WCRO is in effect and defines specific actions.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.) **See Attached Site Location Map and Facility Layout Map**

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Well, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

See Attached Process Flow Diagram and Process Description in Attachment B.3

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor?

____ Yes **X** No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

Outfall 001

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____ Yes **X** No

c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

Based on Results of Ongoing Flow Capacity Determination-expansions to support 62 MGD and 72 MGD Tiers (Digester and Chlorination Contact Improvements); other improvements based on study

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

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Implementation Stage	Schedule MM/DD/YYYY	Actual Completion MM/DD/YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

Implementation Schedule-Planned for 2009-2010

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____ Yes x No

Describe briefly:

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: **001 (Apr 05-Mar 08)**

***Laboratory Reporting Limit. MDL is included in the lab reports.**
****Dissolved Oxygen values based on Minimum Monthly Values report on DMRs**

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL *
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.											
AMMONIA (as N)	0.31	mg/L	100	kg/d	<0.17	mg/L	<22.9	kg/d	3	SM 4500NH3,F	0.1 mg/L
CHLORINE (TOTAL RESIDUAL, TRC)	<0.1	mg/L	<32.3	kg/d	<0.1	mg/L	<13.5	kg/d	1,096	EPA 330.1	0.1 mg/L
DISSOLVED OXYGEN **	9.1	mg/L	1,800	kg/d	7.1	mg/L	957	kg/d	1,096	EPA 360.1	1.0 mg/L
TOTAL KJELDAHL NITROGEN (TKN)	4.9	mg/L	914	kg/d	<1	mg/L	<91.6	kg/d	1,096	SM 4500N,C	1 mg/L
NITRATE PLUS NITRITE NITROGEN	11.9	mg/L	3,840	kg/d	10.4	mg/L	1,400	kg/d	3	EPA 300.0	0.1 mg/L
OIL and GREASE	<5	mg/L	<1,610	kg/d	<5	mg/L	<674	kg/d	3	SM 5520B	5 mg/L
PHOSPHORUS (Total)	1.01	mg/L	188	kg/d	0.14	mg/L	18.9	kg/d	1,096	EPA 365.3	0.05 mg/L
TOTAL DISSOLVED SOLIDS (TDS)	451	mg/L	146,000	kg/d	418	mg/L	56,000	kg/d	3	EPA 160.1	1 mg/L
OTHER	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

X Basic Application Information packet

Supplemental Application Information packet

X Part D (Expanded Effluent Testing Data)

X Part E (Toxicity Testing: Biomonitoring Data)

X Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: **Michael T. McEvoy, Executive Director, Wastewater Services**

Signature: Michael T. McEvoy

Telephone number: **(540) 853-1449**

Date signed: 8/20/08

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:

Western Virginia Water Authority Water Pollution Control Plant; VA0025020

Form Approved 1/14/99

OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

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PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: **001** (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL *
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY **	<20	µg/L	6,460	g/d	<20	µg/L	2,700	g/d	3	EPA 200.7	20 µg/L
ARSENIC	<20	µg/L	6,460	g/d	<20	µg/L	2,700	g/d	3	EPA 200.7	20 µg/L
BERYLLIUM	Waiver Requested										
CADMIUM	<1	µg/L	<323	g/d	<1	µg/L	<135	g/d	3	EPA 200.7	1 µg/L
CHROMIUM	<5	µg/L	<1,160	g/d	<5	µg/L	<674	g/d	3	EPA 200.7	5 µg/L
COPPER	9.1	µg/L	2,940	g/d	8.7	µg/L	1,170	g/d	3	EPA 200.7	5 µg/L
LEAD	<10	µg/L	<3,230	g/d	<10	µg/L	<1,350	g/d	3	EPA 200.7	10 µg/L
MERCURY	<1.0	µg/L	<323	g/d	<1.0	µg/L	<135	g/d	72	EPA 245.1	0.2 µg/L
NICKEL	<100	µg/L	<32,300	g/d	<100	µg/L	<13,500	g/d	72	EPA 200.7	100 µg/L
SELENIUM	2.5	µg/L	807	g/d	<2.2	µg/L	296	g/d	72	EPA 200.7	2.2 µg/L
SILVER	<5	µg/L	<1,160	g/d	<5	µg/L	<674	g/d	3	EPA 200.7	5 µg/L
THALLIUM	Waiver Requested										
ZINC	30.3	µg/L	9,780	g/d	26.8	µg/L	3,610	g/d	3	EPA 200.7	20 µg/L
CYANIDE	<10	µg/L	<3,230	g/d	<10	µg/L	<1,350	g/d	72	EPA 335.2	10 µg/L
TOTAL PHENOLIC COMPOUNDS	Waiver Requested										
HARDNESS (AS $CaCO_3$)	192	mg/L	62,000	kg/d	189	mg/L	25,500	kg/d	3	EPA 130.2	1 mg/L

Use this space (or a separate sheet to provide information on other base-neutral compounds requested by the permit writer.

*** Laboratory Reporting Limit. MDL is included in the lab reports.** **

Analyte was detected during analysis of the 6/25/2008 sample but was below quantification limits.

FACILITY NAME AND PERMIT NUMBER:

Western Virginia Water Authority Water Pollution Control Plant; VA0025020.

Form Approved 1/14/99

OMB Number 2040-0086

Outfall number: **001** (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE				ANALYTICAL METHOD	ML/MDL *
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	
VOLATILE ORGANIC COMPOUNDS.										
ACROLEIN	<50	µg/L	<16,100	g/d	<50	µg/L	<6,740	g/d	3	EPA 624	50 µg/L
ACRYLONITRILE	<50	µg/L	<16,100	g/d	<50	µg/L	<6,740	g/d	3	EPA 624	50 µg/L
BENZENE	<5	µg/L	<1,610	g/d	<5	µg/L	<674	g/d	3	EPA 624	5 µg/L
BROMOFORM	<5	µg/L	<1,610	g/d	<5	µg/L	<674	g/d	3	EPA 624	5 µg/L
CARBON TETRACHLORIDE	<5	µg/L	<1,610	g/d	<5	µg/L	<674	g/d	3	EPA 624	5 µg/L
CHLOROBENZENE	<5	µg/L	<1,610	g/d	<5	µg/L	<674	g/d	3	EPA 624	5 µg/L
CHLORODIBROMO-METHANE	<5	µg/L	<1,610	g/d	<5	µg/L	<674	g/d	3	EPA 624	5 µg/L
CHLOROETHANE	**Waiver Requested**										
2-CHLORO-ETHYLVINYL ETHER	**Waiver Requested**										
CHLOROFORM	16	µg/L	5,170	g/d	12.7	µg/L	1,710	g/d	3	EPA 624	5 µg/L
DICHLOROBROMO-METHANE	<5	µg/L	<1,610	g/d	<5	µg/L	<674	g/d	3	EPA 624	5 µg/L
1,1-DICHLOROETHANE	**Waiver Requested**										
1,2-DICHLOROETHANE	<5	µg/L	<1,610	g/d	<5	µg/L	<674	g/d	3	EPA 624	5 µg/L
TRANS-1,2-DICHLORO-ETHYLENE	<5	µg/L	<1,610	g/d	<5	µg/L	<674	g/d	3	EPA 624	5 µg/L
1,1-DICHLOROETHYLENE	<5	µg/L	<1,610	g/d	<5	µg/L	<674	g/d	3	EPA 624	5 µg/L
1,2-DICHLOROPROPANE	<5	µg/L	<1,610	g/d	<5	µg/L	<674	g/d	3	EPA 624	5 µg/L
1,3-DICHLORO-PROPYLENE	<5	µg/L	<1,610	g/d	<5	µg/L	<674	g/d	3	EPA 624	5 µg/L
ETHYLBENZENE	<5	µg/L	<1,610	g/d	<5	µg/L	<674	g/d	3	EPA 624	5 µg/L
METHYL BROMIDE	<5	µg/L	<1,610	g/d	<5	µg/L	<674	g/d	3	EPA 624	5 µg/L
METHYL CHLORIDE	**Waiver Requested**										
METHYLENE CHLORIDE	<5	µg/L	<1,610	g/d	<5	µg/L	<674	g/d	3	EPA 624	5 µg/L
1,1,2,2-TETRACHLORO-ETHANE	**Waiver Requested**										
TETRACHLORO-ETHYLENE	<5	g/L	<1,610	g/d	<5	µg/L	<674	g/d	3	EPA 624	5 µg/L
TOLUENE	<5	g/L	<1,610	g/d	<5	µg/L	<674	g/d	3	EPA 624	5 µg/L

*** Laboratory Reporting Limit. MDL is included in the lab reports.**

Outfall number: **001** (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE				Number of Samples	ANALYTICAL METHOD	ML/MDL *
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units			
1,1,1-TRICHLOROETHANE	**Waiver Requested**										
1,1,2-TRICHLOROETHANE	<5	µg/L	<1,610	g/d	<5	µg/L	<674	g/d	3	EPA 624	5 µg/L
TRICHLORETHYLENE	<5	µg/L	<1,610	g/d	<5	µg/L	<674	g/d	3	EPA 624	5 µg/L
VINYL CHLORIDE	<5	µg/L	<1,610	g/d	<5	µg/L	<674	g/d	3	EPA 624	5 µg/L
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL	**Waiver Requested**										
2-CHLOROPHENOL	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
2,4-DIMETHYLPHENOL	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
4,6-DINITRO-O-CRESOL	**Waiver Requested**										
2,4-DINITROPHENOL	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
2-NITROPHENOL	**Waiver Requested**										
4-NITROPHENOL	**Waiver Requested**										
PENTACHLOROPHENOL	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
PHENOL **	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
2,4,6-TRICHLOROPHENOL	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
ACENAPHTHYLENE	**Waiver Requested**										
ANTHRACENE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
BENZIDINE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
BENZO(A)ANTHRACENE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
BENZO(A)PYRENE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L

*** Laboratory Reporting Limit. MDL is included in the lab reports.**

**** Analyte was detected during analysis of the 6/25/2008 sample but was below quantification limits.**

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99

Westerm Virginia Water Authority Water Pollution Control Plant; VA0025020

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OMB Number 2040-0086

Outfall number: **001** (Complete once for each outfall discharging effluent to waters of the United States)

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POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE				Number of Samples	ANALYTICAL METHOD	ML/MDL *
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units			
3,4 BENZO-FLUORANTHENE	**Waiver Requested**										
BENZO(GHI)PERYLENE	**Waiver Requested**										
BENZO(K)FLUORANTHENE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
BIS (2-CHLOROETHOXY) METHANE	**Waiver Requested**										
BIS (2-CHLOROETHYL)-ETHER	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
BIS (2-CHLOROISO-PROPYL) ETHER	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
BIS (2-ETHYLHEXYL) PHTHALATE **	29.2	µg/L	9,430	g/d	<17.9	µg/L	<5,780	g/d	3	EPA 625	13.4 µg/L
4-BROMOPHENYL PHENYL ETHER	**Waiver Requested**										
BUTYL BENZYL PHTHALATE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
2-CHLORONAPHTHALENE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
4-CHLORPHENYL PHENYL ETHER	**Waiver Requested**										
CHRYSENE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
DI-N-BUTYL PHTHALATE ***	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
DI-N-OCTYL PHTHALATE	**Waiver Requested**										
DIBENZO(A,H) ATHRACENE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
1,2-DICHLOROBENZENE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
1,3-DICHLOROBENZENE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
1,4-DICHLOROBENZENE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
3,3-DICHLOROBENZIDINE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
DIETHYL PHTHALATE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
DIMETHYL PHTHALATE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
2,4-DINITROTOLUENE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
2,6-DINITROTOLUENE	**Waiver Requested**										
1,2-DIPHENYLHYDRAZINE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L

***, Laboratory Reporting Limit. MDL is included in the lab reports.**

**** Analyte was detected in the associated method blank (14.0 µg/L) during analysis of the 5/22/2008 sample.**

***** Analyte was detected during analysis of the 5/22/2008 sample but was below quantification limits. The analyte was also detected in the associated method blank (3.0 µg/L).**

FACILITY NAME AND PERMIT NUMBER:

Western Virginia Water Authority Water Pollution Control Plant; VA0025020

Form Approved 1/14/99

OMB Number 2040-0086

Outfall number: **001** (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL *
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
FLUORENE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
HEXACHLOROBENZENE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
HEXACHLOROBUTADIENE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
HEXACHLOROCYCLO-PENTADIENE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
HEXACHLOROETHANE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
INDENO(1,2,3-CD)PYRENE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
ISOPHORONE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
NAPHTHALENE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
NITROBENZENE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
N-NITROSODI-N-PROPYLAMINE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
N-NITROSODI-PHENYLAMINE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
PHENANTHRENE	**Waiver Requested**										
PYRENE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L
1,2,4-TRICHLOROBENZENE	<13.4	µg/L	<4,330	g/d	<13.4	µg/L	<1,800	g/d	3	EPA 625	13.4 µg/L

*** Laboratory Reporting Limit. MDL is included in the lab reports.**

Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.

Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.

END OF PART D.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combinded sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitorng data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years:

13 chronic 13 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and on-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number:_____ Test number:_____ Test number:_____

a. Test information. **See Attachment E.4**

Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			

b. Give toxicity test methods followed.

Manual title			
Edition number and year of publication			
Page number(s)			

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite			
Grab			

d.. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection			
After dechlorination			

	Test number:_____	Test number:_____	Test number:_____
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specifiy source.			
Laboratory water			
Receiving water			
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt Water			
j. Give the percentage effluent used for all concentrations in the test series			
k. Parameters measured during the test. (State whether parameter meets test methods specifications)			
pH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic

NOEC	%	%	%	%
IC_{25}	%	%	%	%
Control percent survival	%	%	%	%
Other (describe)				

m. Quality Control/Quality Assurance

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

_____Yes __**X**__ No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Text Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

See Attachment E.4

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F - INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Accellent Cardiology**

Mailing Address: **235 South Yorkshire Street**

Salem, VA 24153

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Manufacturer of microtube, fine wire, and machined parts

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Non-ferrous tube, wire, and machined components**

Raw material(s): **Non-ferrous metals, lubricants, solvents, cleaners, abrasives, acids, bases, and general shop supplies**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

800 gpd (_____continuous or **X** intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

450 gpd (_____continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits **X** Yes _____ No

b. Categorical pretreatment standards **X** Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 433 (Metal Finishing)

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Accellent Cardiology**

Mailing Address: **200 South Yorkshire Street**
Salem, VA 24153

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Manufacturer of microtube, fine wire, and machined parts

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Non-ferrous tube, wire, and machined components**

Raw material(s): **Non-ferrous metals, lubricants, solvents, cleaners, abrasives, acids, and bases**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~600 gpd (_____continuous or **X** intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

1,100 gpd (**X** continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits **X** Yes _____ No

b. Categorical pretreatment standards **X** Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 433 (Metal Finishing)

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

__X__ Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Advanced Metal Finshing**

Mailing Address: **523 Norfolk Avenue**
Roanoke, VA 24016

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Categorical Non-discharge, Sanitary Only

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Electro, hydro pneumatic devices**

Raw material(s): **Gold, silver, nickel, palladium, rhodium and copper**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or ___intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits __X__ Yes _____ No

b. Categorical pretreatment standards __X__ Yes No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 433 (Metal Finishing)

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Akzo Nobel**

Mailing Address: **2837 Roanoke Avenue**

Roanoke, VA 24015

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Categorical Non-discharge

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Solvent-based Coatings and Water-based Coatings**

Raw material(s): **Paints, Stains, and Laquers**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

4,300 gpd (_____continuous or X intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards _____ Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 446 (Paint Formulating)

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F - INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 19

b. Number of CIUs. 22

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Allied Tool**

Mailing Address: **3362 Shenandoah Avenue, N.W.**

Roanoke, VA 24017

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Phosphatizing

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Electrical Cabinets, Panels, Solving, Brackets**

Raw material(s): **Sheet Metal**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

300 gpd (_____ continuous or X intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

60 gpd (_____ continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards X Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 433 (Metal Finishing PSNS)

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

__X__ Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **ALSCO Incorporated**

Mailing Address: **3401 Shenandoah Avenue, N.W**

Roanoke, VA 24033

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Commercial Laundry**

Raw material(s): **Detergents, Softeners**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

75,900 gpd (__X__ continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____ continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits __X__ Yes _____ No

b. Categorical pretreatment standards _____ Yes __X__ No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Aramark Uniform Service**

Mailing Address: **905 South Pollard Street**
Vinton, VA 24179

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Washing

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Industrial Laundry**

Raw material(s): **Detergents and Softeners**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

69,000 gpd (**X** continuous or _____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

1,800 gpd (**X** continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits **X** Yes _____ No

b. Categorical pretreatment standards _____ Yes **X** No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

__X__ Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Carilion Laundry Service**

Mailing Address: **2823 Franklin Road, Building C**
Roanoke, VA 24014

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Washing

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Hospital Laundry**

Raw material(s): **Detergents and Softeners**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

89,000 gpd (**X** continuous or ____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~1,000 gpd (**X** continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits **X** Yes ____ No

b. Categorical pretreatment standards Yes **X** No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **CEI Roanoke**

Mailing Address: **4411 Plantation Road N.E.**
Roanoke, VA 24012

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Formulating, Mixing, Compounding, Manufacturing, Blending

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Cosmestics and Skin Care Products**

Raw material(s): **Denatured alcohol, ethyl alcohol, essential oils, emulsifiers, and wax**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

20,659 gpd (**X** continuous or _____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

23,451 gpd (**X** continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits **X** Yes _____ No

b. Categorical pretreatment standards **X** Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 439 (Pharmaceutical Manufacturing (Subcategory D Formulating, Mixing, and Compounding))

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F - INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Coca-Cola Bottling Company Consolidated**

Mailing Address: **235 Shenandoah Avenue**
Roanoke, VA 24016

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Manufacturing Soft Drinks

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Soft Drinks**

Raw material(s): **Syrup concentrate, corn syrup and sugar, and various preservatives, colors, and flavorings**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

121,000 gpd (X continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

4,000 gpd (X continuous or ___ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits X Yes ___ No

b. Categorical pretreatment standards ___ Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Carilion Roanoke Memorial Hospital**

Mailing Address: **1906 Belleview Avenue**
Roanoke, VA 24014

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

General Medical and Surgical Hospital

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **N/A**

Raw material(s): **N/A**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~27,000 gpd (**X** continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

126,000 gpd (**X** continuous or ___ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits **X** Yes ___ No

b. Categorical pretreatment standards ___ Yes **X** No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Carilion Roanoke Community Hospital**

Mailing Address: **101 Elm Avenue, S.E.**
Roanoke, VA 24029

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

General Medical and Surgical Hospital

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **N/A**

Raw material(s): **N/A**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

25,000 gpd (_____continuous or **X** intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

143,000 gpd (**X** continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits **X** Yes _____ No

b. Categorical pretreatment standards _____ Yes **X** No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Carvins Cove Water Filtration Plant**

Mailing Address: **8192 Angel Lane**
Roanoke, VA 24019

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

SIC 4941

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Drinking Water**

Raw material(s): **Filter backwash and sedimentation basin cleanout**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

300,325 gpd (**X** continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

260 gpd (**X** continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits **X** Yes _____ No

b. Categorical pretreatment standards _____ Yes **X** No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

__X__ Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Dynax America Corporation**

Mailing Address: **568 East Park Drive**
Roanoke, VA 24019

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Stamping, Flattening, Deburring, Tempering, Ring cooling, Etching

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Steel Friction and Mating Plates for Automatic Transmissions**

Raw material(s): **Rolled strips of steel**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~120000 gpd (__X__ continuous or ____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~5,000 gpd (__X__ continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits __X__ Yes _____ No

b. Categorical pretreatment standards __X__ Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 433 (Metal Finishing)

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Eagle Truck Wash**

Mailing Address: **3018 Lee Highway South**

Troutville, VA 24175

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Truck Wash; SIC Code: 488490; Other support activities for road transportation

F.5.

Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): N/A

Raw material(s): _____

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

2,500 gpd (_____continuous or X intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards X Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 442 (Transportation Equipment Cleaning)

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F - INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Fred Whitaker Company**

Mailing Address: **941 Industry Avenue, S.E.**

Roanoke, VA 24013

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Dyeing, operating, washing

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Dye carpet yarn and yarn for apparel and upholstery**

Raw material(s): **Cotton, polyester, and nylon yarns**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~100,000 gpd (X continuous or _____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~4,000 gpd (X continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards _____ Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

_____

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 19

b. Number of CIUs. 22

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Freight Car America

Mailing Address: 830 Campbell Avenue

Roanoke, VA 24012

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

SIC Code: 3743: Railroad Equipment; Facility manufactures aluminum freight cars for railroad transportation

F.5.

Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Aluminum frieght cars

Raw material(s): Aluminum sheet metal, cast steel, and steel extrusions

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

12,005 gpd (_____continuous or X intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards X Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR Part 433 (Metal Finishing)

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

__X__ Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **General Electric**

Mailing Address: **1501 Roanoke Boulevard**
Roanoke, VA 24153

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Metal Cleaning/Phosphating, Drum Washing, Water Screen Paint Booth

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Automatic Control System for Industrial Application**

Raw material(s): **Sheet Metal**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

17,000 gpd (_____continuous or __X__ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

24,000 gpd (__X__continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits __X__ Yes _____ No

b. Categorical pretreatment standards __X__ Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 433 (Metal Finishing)

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Graham White**

Mailing Address: **1242 Colorado Street**
Salem, VA 24153

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Aluminum anondizing

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Air Dryers, Pneumatic and Electropneumatic Valves, Air Gauges, and Brake Components**

Raw material(s): **Cast iron, bronze, aluminum, steel, and stainless steel**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

3,000 gpd (X continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

3,400 gpd (X continuous or ___ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits X Yes ___ No

b. Categorical pretreatment standards X Yes ___ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 433 (Metal Finishing)

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

__X__ Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **ITT Night Vision**

Mailing Address: **7635 Plantation Road**

Roanoke, VA 24019

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Wafer are enhanced/grown, Cutting/Shaping, Etching, Polishing/Lapping, Cleaning

F.5.

Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Manufactures/Assembles Night Vision Goggles and Other night Vision Devices**

Raw material(s): **Electronic crystal wafers, glass components, and tube bodies**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~104,000 gpd (__X__ continuous or ____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~17,000 gpd (__X__ continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits __X__ Yes _____ No

b. Categorical pretreatment standards __X__ Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 469 (Electrical and Electronic Components (Phase 1 Subcategory B))

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Koppers Industries Inc.**

Mailing Address: **4020 Koppers Road**

Salem, VA 24153

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Preserves Oak and Other Hardwoods Using the Boulton Process

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Railroad Ties**

Raw material(s): **Oak and mixed haardwoods and creosote**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~17,000 gpd (**X** continuous or _____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~1,000 gpd (**X** continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits **X** Yes _____ No

b. Categorical pretreatment standards **X** Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 439 (Timber Products Subpart H)

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

__X__ Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Lewis Gale Hospital**

Mailing Address: **1900 Electric Road**

Salem, VA 24153

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Food preparation areas, laboratories, and patient treatment

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **General Medical and Surgical Hospital**

Raw material(s): **N/A**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~11,000 gpd (____ continuous or __X__ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~90,000 gpd (__X__ continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits __X__ Yes _____ No

b. Categorical pretreatment standards _____ Yes __X__ No

If subject to categorical pretreatment standards, which category and subcategory?

_____

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 19

b. Number of CIUs. 22

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **M/A Com Incorporated**

Mailing Address: **5310 Valley Park Drive**

Roanoke, VA 24019

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Wafer Processing

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Gallium Arsenide Crystal Electronic Semiconductors**

Raw material(s): **Electronic crystal substrate materials, semiprecious and precious metals, heavy metals, inert gases, acides, bleach, caustic soda, xylene, and ethylene glycol**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~10,000 gpd (_____ continuous or X intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~1,600 gpd (_____ continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards X Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 469 (Electrical and Electronic Components (Phase 1 Subpart A))

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Maple Leaf Bakery**

Mailing Address: **1955 Blue Hills Drive**

Roanoke, VA 24012

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Commercial Bakery; SIC 2051

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Baked Goods**

Raw material(s): _____

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

43,483 gpd (X continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

6,600 gpd (X continuous or ___ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits X Yes ___ No

b. Categorical pretreatment standards ___ Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

_____

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

__X__ Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Medeco Security Lock**

Mailing Address: **3625 Alleghany Drive**
Salem, VA 24153

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Deburring, Electroplating

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Security Locks**

Raw material(s): **Metals and plating line solutions and baths (alkaline cleaners)**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~7,200 gpd (__X__ continuous or ____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~4,500 gpd (__X__ continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits __X__ Yes _____ No

b. Categorical pretreatment standards __X__ Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 433 Metal Finishing

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 19

b. Number of CIUs. 22

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Metalsa

Mailing Address: 184 Vista Drive
Roanoke, VA 24019

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Powder Coating

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Steel frame rails for metal trucks

Raw material(s): Steel and powder coating

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

3,000 gpd (_____continuous or X intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards X Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 433 (Metal Finishing)

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F:
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

__X__ Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Norfolk Southern Railway Company - East End Shops**

Mailing Address: **110 Franklin Road Southeast, Box 13**
Roanoke, VA 24042

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Locomotive Repair and Maintenance

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **N/A**

Raw material(s): **N/A**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~123,000 gpd (__X__ continuous or ____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~3,600 gpd (__X__ continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits __X__ Yes _____ No

b. Categorical pretreatment standards _____ Yes __X__ No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Norfolk Southern Railway Company - Shaffers Crossing**

Mailing Address: **110 Franklin Road, Box 13**
Salem, VA 24153

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Repair, Clean, and Services Locomotives and Rail Cars

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **NA**

Raw material(s): **N/A**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~58,000 gpd (X continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~6,500 gpd (X continuous or ___ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits X Yes ___ No

b. Categorical pretreatment standards ___ Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **New Millenium Building Systems**

Mailing Address: **2435 Diuguids Lane**
Salem, VA 24153

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

SIC 3441: Fabricated Structural Metal; SIC 3444 Sheet Metal Work

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Steel joists and joist girders**

Raw material(s): **Steel and galvanized coils**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

10,000 gpd (_____continuous or **X** intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

4,000 gpd (_____continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits **X** Yes _____ No

b. Categorical pretreatment standards **X** Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 465 (Coil Coating)

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 19

b. Number of CIUs. 22

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Novozymes**

Mailing Address: **111 Kessler Mill Drive**

Salem, VA 24153

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

SIC 2836: Biological Products

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Cleaning , Wastewater Treatment and Aquaculture Products**

Raw material(s): **Bacterial Culture, BRAN media**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

25,000 gpd (X continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

351 gpd (_____ continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits X Yes _____ No

b. Categorical pretreatment standards _____ Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

__X__ Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Novozymes**

Mailing Address: **528 Chapman**
Salem, VA 24153

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

SIC 2836: Biological Products

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Cleaning, Wastewater Treatment, Animal Feed, and Aquaculture Products**

Raw material(s): **Bacterial cultures, BRAN media**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

7,508-30,308* gpd (_____continuous or **X** intermittent)

*** Includes fermentation operations which are not currently conducted at the facility**

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

149 gpd (_____continuous or __X__ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits __X__ Yes _____ No

b. Categorical pretreatment standards Yes __X__ No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Novozymes**

Mailing Address: **525 Branch Street**
Salem, VA 24153

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

SIC 2875: Fertilizers, mixing only; SIC 2836: Biological Products

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Plant care products**

Raw material(s): **Iron and fertilizers**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

5, 484 gpd (_____continuous or **X** intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits **X** Yes _____ No

b. Categorical pretreatment standards **X** Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 418 (Mixed and Blend Fertilizer Production (Subpart G))

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F - INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Novozymes**

Mailing Address: **420 Kessler Mill Drive**
Salem, VA 24153

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

SIC 2875: Fertilizers, mixing only; SIC 2836: Biological Products

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Cleaning, Wastewater Treatment, Plant Care, and Aquaculture**

Raw material(s): **Fertilizers**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

1,956 gpd (_____continuous or **X** intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits **X** Yes _____ No

b. Categorical pretreatment standards **X** Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 418 (Mixed and Blend Fertilizer Production (Subpart G))

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Pepsi Cola Bottling Company**

Mailing Address: **226 Lee Highway**
Roanoke, VA 24019

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Manufactures Soft Drinks

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Soft Drinks**

Raw material(s): **Colors and flavorings, syrup concentrate, corn syrup, and various preservatives**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~58,000 gpd (X continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

1,600 gpd (X continuous or ___ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits X Yes ___ No

b. Categorical pretreatment standards ___ Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

__X__ Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Precision Fabrics Group Inc.**

Mailing Address: **323 West Virginia Avenue**
Vinton, VA 24179

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Weaving, Slashing, Wash down

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Synthetic Nylon, Polyester Filament Yarn, into a variety of products**

Raw material(s): **Nylon and polyester filament yarn**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~40,000 gpd (__X__ continuous or ____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~8,600 gpd (__X__ continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits __X__ Yes _____ No

b. Categorical pretreatment standards _____ Yes __X__ No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F - INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes ____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Precision Steel Manufacturing Corporation**

Mailing Address: **1723 Seibel Drive**
Roanoke, VA 24012

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Steel Fabrication

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Job Shop Custom Fabrication of Sheet Metal and Structural Steel Products**

Raw material(s): **Steel**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

300 gpd (X continuous or ____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

1,500 gpd (X continuous or ____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits X Yes ____ No

b. Categorical pretreatment standards X Yes ____ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 433 (Metal Finishing)

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

__X__ Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Salem Water Filtration Plant**

Mailing Address: **1300 Tidewater Street**
Salem, VA 24153

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Water Treatment

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Drinking Water**

Raw material(s): _____

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

3,000 gpd (_____continuous or **X** intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits **X** Yes _____ No

b. Categorical pretreatment standards _____ Yes **X** No

If subject to categorical pretreatment standards, which category and subcategory?

_____

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F - INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Virginia Transformer Corporation**

Mailing Address: **220 Glade View Drive, N.E.**
Roanoke, VA 24012

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Phosphatizing

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Electrical Transformers**

Raw material(s): **Metals, steel, insulation materials, solvents, oils, paints, and varnish**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~3000 gpd (X continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~5,000 gpd (X continuous or ___ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits X Yes ___ No

b. Categorical pretreatment standards X Yes ___ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 433 (Metal Finishing)

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Valley Machine**

Mailing Address: **7500A Shadwell Drive**
Roanoke, VA 24019

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Grind, weld, machine. Torch, fabricate parts, clean, deburring, and paint

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Machine Shop**

Raw material(s): **Steel and metal parts**

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

45 gpd (_____continuous or **X** intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

176 gpd (_____continuous or _____ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits **X** Yes _____ No

b. Categorical pretreatment standards **X** Yes _____ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 433 (Metal Finishing)

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

X Yes ____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Veterans Administration Medical Center**

Mailing Address: **1970 Roanoke Boulevard**
Salem, VA 24153

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

General Medical and Surgical Hospital for Veterans, Laundry

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **N/A**

Raw material(s): **N/A**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~50,000 gpd (X continuous or ____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~213,000 gpd (X continuous or ____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits X Yes ____ No

b. Categorical pretreatment standards ____ Yes X No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

__X__ Yes _____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. **19**

b. Number of CIUs. **22**

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: **Yokohoma Tire Corporation**

Mailing Address: **1500 Indiana Street**
Salem, VA 24153

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Mixing, Milling, Calendering, Extruding

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): **Automobile and Light Truck Tires**

Raw material(s): **Natural and synethic rubber, process oils, carbon black, miscellaneous chemical additives, fabric, and steel**

F.6. **Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~82,000 gpd (__X__ continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

~18,000 gpd (__X__ continuous or _____ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits __X__ Yes _____ No

b. Categorical pretreatment standards _____ Yes __X__ No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. **Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes __X__ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

____ Yes __X__ No (go to F.12.)

F.10. **Waste Transport.** Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. **Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. **Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____ Yes (complete F.13 through F.15.) __X__ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. **Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. **Pollutants.** List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. **Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

ATTACHMENT B.3

DESCRIPTION OF WASTEWATER TREATMENT FACILITIES

OLVER
INCORPORATED

WESTERN VIRGINIA WATER AUTHORITY
VPDES PERMIT VA0025020
FORM 2A ATTACHMENT B.3
Description of Wastewater Treatment Facilities

TREATMENT PROCESS OVERVIEW

Preliminary wastewater treatment facilities consist of screening and grit removal. Primary treatment facilities consist of nine (9) rectangular primary settling tanks with chain and flight sludge and scum collection and a sludge and scum pumping station. Secondary treatment facilities include sixteen (16) aeration basins and 18 secondary clarifiers, and return sludge and waste sludge pumping stations. The tertiary treatment system includes a rapid mix tank for chemical addition, four (4) flocculation basins, four (4) coagulation settling basins, and ten (10) effluent filters. The disinfection facilities include a liquid chlorination system, chlorine contact tanks, post aeration, and dechlorination. The plant discharges treated effluent to the Roanoke River under VPDES Permit No. VA 0025020.

PRELIMINARY TREATMENT

Screens and Grit Removal
Flow from the Roanoke River Interceptor and the Tinker Creek Interceptor flow into the influent pump station after the addition of ferric chloride. It is then channeled into the screenings channels and divided between three (3) grit chambers (No. 1-3). High wet weather flows in excess of influent pump station capacity maybe discharged to the EQ basin for storage. Flow beyond EQ basin storage capacity is discharged through Outfall 003. Discharge through Outfall 010 (influent pump station bypass) would only occur during a complete plant shut down; this is expected to occur only during a catastrophic flood event and would be implemented to prevent damage to property and danger to life in the collection system.

PRIMARY TREATMENT

There are nine (9) rectangular primary clarifier basins; flow from each of the three grit chambers can be channeled to primary clarifiers Nos. 1-3, Nos. 4-6 or Nos. 7-9. Primary clarifiers separate the heavier organic suspended and inert solids from the flow stream. Chain and flight-type collector mechanisms convey settled organic matter to the sludge hopper for removal.

SECONDARY TREATMENT

Secondary treatment facilities include activated sludge aeration basins, clarifiers, and return activated sludge/waste activated sludge (RAS/WAS) pumping systems.

Activated Sludge:

The existing biological treatment process is a single-stage activated sludge system. The process is primarily for the purpose of carbonaceous (BOD) removal. It is then distributed between sixteen (16) single-pass, plug-flow activated sludge basins with Sanitaire® disk aeration diffusers for dissolved organics (BOD) removal. For the most part, primary effluent from Primary Clarifiers 1-3 flows to Aeration Basins 1-6; primary effluent from Primary Clarifiers 4-6 flows to Aeration Basins 7-10; and primary effluent from Primary Clarifiers 7-9 flows to Aeration Basins 11-16. There is a pipe connection that attempts to distribute these flows, but the flow isolation

described above is largely maintained. In addition, Aeration Basins 5 and 6 generally send effluent to Final Stage Clarifiers 5 and 6, as pipe interconnections do not equally mix and distribute flow to the clarifiers. Return sludge is introduced at the head of the basins from a main header through valves with individual flow meters.

Secondary Clarifiers:

There are sixteen (16) square secondary clarifiers with circular collection mechanisms and two (2) circular secondary clarifiers. Mixed liquor from the activated sludge basins is distributed to the clarifiers from a central channel with sluice gates. Return sludge from Clarifiers 11-16 flows through a telescoping valve into a suction line common to groups of clarifiers while the return sludge from the remaining clarifiers is pumped to the aeration basins. While the system is designed for flexibility for transferring mixed liquor and return sludge to amongst several aeration basins and clarifiers, it is typically operated a three train system. Return sludge from Clarifiers 1-6 is pumped separately to Aeration Basins 1-6; return sludge from Clarifiers 7-10 are pumped to Aeration Basins 1-6; return sludge from Clarifiers 11-16 is conveyed to Aeration Basins 11-16, and return sludge from Clarifiers 17 and 18 is pumped to Aeration Basins 7-10. Secondary clarifiers 1-10 have individual return sludge pumps located at each tank. The return sludge pumps for secondary clarifiers 11-16 are located in the Train C pump house and return sludge pumps for secondary clarifiers 17 and 18 are located at the RAS Pump Station B.

TERTIARY TREATMENT

Tertiary treatment consists of chemical addition, flocculation, coagulation/settling, filtration, and disinfection. Each of these is discussed below.

Flocculation/Coagulation:

Clarified wastewater from the secondary clarifiers normally flows to a pretreatment system prior to effluent filtration. The pretreatment system consists of two rapid mix tanks (where ferric chloride and polymer are added to precipitate additional phosphorus), four flocculation tanks with vertical mixers and four square coagulation settling basins. The coagulation basins have circular collection mechanisms. Sludge is collected through telescoping valves and can be pumped to either the gravity thickeners or dissolved air flotation thickeners (DAF).

Effluent Filters:

There are ten (10) mono-media effluent sand filters. All of the filters have an air scour backwash system.

Disinfection:

Tertiary effluent is disinfected with liquid sodium hypochlorite in two parallel chlorine contact tanks. The disinfected effluent undergoes diffused aeration and is then dechlorinated using sodium bisulfite prior to discharger to the Roanoke River.

SOLIDS HANDLING

Solids produced by wastewater treatment processes include:

- Screenings/grit
- Primary sludge and scum
- Waste activated sludge
- Coagulation sludge and scum
- BAF and effluent filter backwash solids

In general, solids removed from the wastewater treatment processes are first thickened, then stabilized, and then stored in sludge lagoons prior to being land applied. Specific solids handling facilities are described below and are shown in the Process Flow Diagram-Solids Handling.

Thickening:

Gravity Thickening-Primary sludge collected in primary clarifier sludge hoppers flows to the primary sludge pumping stations wetwell/pump suction. Eight primary sludge pumps are available to convey these solids to two (2) gravity thickeners. Thickeners can be operated in a batch mode with solids pumped individually to either thickener, or continuously in parallel to both thickeners. Coagulated sludge can also be thickened in the gravity thickeners along with primary sludge. Thickened sludge is collected and scraped to the sludge hopper, then pumped to the anaerobic digesters. Thickened sludge pumps are located in a building adjacent to the gravity thickeners. Thickener overflow is returned to the Tinker Creek Interceptor and back to the head of the plant.

Dissolved Air Floatation Thickening-A portion of the solids removed from secondary clarifiers as waste activated sludge are pumped from the return sludge header to the blend tank and then to the DAFs. Coagulated sludge can be discharged to, and thickened in, the DAFs. Thickened sludge and settled solids are removed from the DAFs and pumped to the anaerobic digesters. Subnatant can be used to supply water to the AEP pumps or is returned to the Tinker Creek Interceptor and to the head of the plant.

Stabilization:

Thickened solids are stabilized in the anaerobic digestion process to produce a Class "B" biosolids in accordance with 40 CFR Part 503 regulations. There are seven (7) primary sludge digesters, three (3) secondary digesters, and associated pumps, piping, mixing, and heating equipment.

Storage and Disposal:

Digested biosolids are removed from the secondary digesters and pumped to one of five (5) storage lagoons. When conditions are suitable, solids are removed from the lagoons and hauled to and applied on farmland permitted for beneficial reuse. The Western Virginia Water Authority contracts services for removing, hauling and applying biosolids to farmland with private contractors.

ATTACHMENT E.4

SUMMARY OF SUBMITTED BIOMONITORING TEST INFORMATION OUTFALL 001

OLVER INCORPORATED

Western Virginia Water Authority
Water Pollution Control Plant
VA0025020
E.4. Summary of Submitted Biomonitoring Test Information
Outfall 001

Event	Dates	Vertebrate	Invertebrate	LC_{50} (%)	NOEC (%)	Survival in 100%
First Quarterly	6/9/04 - 6/11/04	X		> 100		100%
	6/9/04 - 6/11/04		X	> 100		100%
	6/7/04 - 6/14/04	X		> 100	100	100%
	6/7/04 - 6/14/04		X	> 100	100	100%
Second Quarterly	10/20/04 - 10/22/04	X		> 100		95%
	10/20/04 - 10/22/04		X	> 100		100%
	10/19/04 - 10/26/04	X		> 100	100	98%
	10/19/04 - 10/26/04		X	> 100	100	100%
Third Quarterly	12/15/04 - 12/17/04	X		> 100		100%
	12/15/04 - 12/17/04		X	> 100		100%
	12/13/04 - 12/20/04	X		> 100	100	100%
	12/13/04 - 12/20/04		X	> 100	100	100%
Fourth Quarterly	2/16/05 - 2/18/05	X		> 100		100%
	2/16/05 - 2/18/05		X	> 100		100%
	2/14/05 - 2/21/05	X		> 100	100	98%
	2/14/05 - 2/21/05		X	> 100	100	100%
First Annual	11/01/05 - 11/08/05	X		> 100	100	100%
	11/02/05 - 11/04/05		X	>100		100%
Second Annual	6/20/06 - 6/27/06	X		> 100	100	92.5%
	6/22/06 - 6/24/06		X	> 100		92.5%
Third Annual	6/5/07 -6/12/07	X		> 100	100	92.5%
	6/6/07 -6/8/07		X	> 100		
First Quarterly	5/6/08 -5/8/08	X		> 100		100%
	5/6/08 -5/8/08		X	> 100		90%
	5/5/08 - 5/12/08	X		> 100	100	100%
	5/6/08 - 5/13/08		X	> 100	100	90%

(1) Based on the VPDES permit modification date of May 24, 2006